



Missouri Pharmacy Program – Preferred Drug List



Herpes Antivirals

Effective 05/23/2007

Revised 01/03/2008

Preferred Agents

- Valtrex®
- Famvir®
- Acyclovir Suspension
- Acyclovir Tabs

Non-Preferred Agents

- Zovirax® Suspension
- Zovirax® Tabs
- Famciclovir

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.